

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: October 29, 2001  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art::  
CD-ROM or CD-R?:: None  
Number of CDs::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?:: No  
Number of Copies of CRF::  
Title:: Device and Method for the Cessation of Smoking  
Attorney Docket Number:: 110001.123  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 2  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Govt. Agency:: No  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Barbara  
Middle Name:: S.  
Family Name:: Fox  
Name Suffix:: Ph.D.  
City of Residence:: Wayland  
State or Province of Residence:: MA  
Street of Mailing Address:: 26 Pemberton Road  
City of Mailing Address:: Wayland  
State or Province of Mailing Address:: MA  
Postal or Zip Code of Mailing Address:: 01778-4818

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### Correspondence Information

Correspondence Customer Number:: 23483  
Phone Number:: 617-526-6000  
Fax Number:: 617-526-5000  
E-Mail Address::

### Representative Information

Representative Customer Number:: 23483

### Domestic Priority Information

| Application::    | Continuity Type::  | Parent Application:: | Parent Filing Date:: |
|------------------|--------------------|----------------------|----------------------|
| This application | Non-Provisional of | 60/245,490           | 11/03/2000           |

### Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      |               |                    |

### Assignee Information

Assignee Name:: Addiction Therapies, Inc.  
Street of Mailing Address:: 25 Main Street, #3  
City of Mailing Address:: Wayland  
State of Mailing Address:: MA  
Country of Residence::  
Postal or Zip Code of Mailing Address:: 01778-5036